31/12/2002 (P1) and between 1/1/2003 and 31/12/2007 (P2) were retrospectively collected and compared (x2 test).

Results: 84 patients (42 M, 42 F) were included in P1, and 141 (70 M, 71 F) in P2. The median age was 71.3 years (26—91) in P1, and 73.5 (19—95) in P2; 65 patients in P1 and 105 in P2 were > 65 years old. During P2, insertion and care of all central venous catheters was done by the Nutrition Support Team of our Department. Indications for TPN were similar throughout the two periods. The duration of TPN was 1035 days in P1, and 1966 in P2. Incidence of CRI was 14.5 episodes in P1 and 10.1 in P2 for every 1000 days of TPN. CRI was significantly more frequent in patients > 65 years old: 8 episodes in P1 ($p < 0.05$) and 16 in P2 ($p < 0.05$). The responsible pathogens were similar throughout the two periods (coagulase-negative staphylococci: 60% of the cases).

Conclusion: The results of this study suggest that incidence of CRI has significantly decreased in our Nutrition Unit during the last 5 years; this may be attributable to the concentrating experience in the hands of few dedicated individuals forming our Nutrition Support Team.

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64.015

Level of Knowledge Consciousness, and Practical Knowledge of Hospital Infection Among Health Care Providers at a Long-Term Care Facility

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Background: An outbreak of gastrointestinal disease (nausea, vomiting or diarrhea) occurred among residents in a long-term care facility (LCTF) in Tokyo, during 22—25 January 2008.

Methods: Infection control team was convened, and an educational lecture and the opportunity for consultation were provided, and the health care providers in the LCTF completed a questionnaire on their personal practical knowledge about hospital infection.

Results: Their level of knowledge in the standard precautions before educational was 66.7%/after educational lecture was 82.8% ($p = 0.35$) and norovirus 74.1%/96.6% ($p = 0.02$), however, their level of knowledge unsatisfied in the exogenous infection 22.2%/96.6% ($p < 0.01$), handwashing 51.9%/89.7% ($p < 0.01$), and sterilization and disinfection 22.2%/96.6% ($p < 0.01$). The level of knowledge was gained after the educational lecture. There was a moderate level of knowledge consciousness about practical knowledge of hospital infection among the health care providers in the LCTF surveyed, with a mean level for subjects ranged from ''having heard it'' to ''I know somehow'' out of possible answers.

Conclusions: Despite reporting moderate level of knowledge consciousness about practical knowledge of hospital infection, the health care providers in the LCTF demonstrated unsatisfied level of knowledge about practical against an outbreak.

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Perioperative Risk Factors for Chest Surgical Site and Leg Infections after Cardiac Surgery

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Background: Surgical site infections after cardiac surgery are associated with high mortality and morbidity rate. The objectives of this study were to: 1) evaluate the prevalence rates of chest surgical site and leg infections, and 2) identify the predictors for development of the infections.

Methods: Data were collected using medical abstracting. Three hundred and sixty three patients who went under cardiac surgery during January 2004 and January 2007 participated in this study. Data analyses were performed using SPSS. Stepwise logistic regression was used to predict the risk factors for development of chest surgical and leg infections post cardiac surgery.

Results: off the 363 patients, 72.7% ($n = 264$) were men and 27.3% ($n = 99$) were women with a mean age of 52.77 years (SD = 16.6). 54.5% ($n = 198$) BMI was above 25. The patients had the following illnesses: 62.3% ($n = 226$) diabetes, 66.1% ($n = 240$) hypertension and 23.4% ($n = 85$) COPD. Chest surgical site infection rate was 4.1% ($n = 15$), and leg infection rate was 6.9% ($n = 25$). The risk factors for chest surgical: obesity (odds ratio [OR] 1.4, $p = .000$, 95% CI, 1.1—1.6), smoking (OR, 34; $p = .013$; 95% CI, 2.1—551.5), and previous cardiac surgery (OR, 3.5 $p = .051$, 95% CI, 2.2—488). The risk factors for leg infection were; hypertension (OR, 8.3; $p = .046$; 95% CI, 1.0—67.4); COPD (OR, 3.1; $p = .025$; 95% CI, 1.15—8.4), previous cardiac surgery (OR, 4.8; $p = .018$; 95% CI, 1.0—13.5); using steroid (OR, 4.78; $p = .002$, 95% CI 1.7—13.1); obesity (OR,1.1, $p = .035$, 95% CI,1.0—1.26), and high creatinin level (OR,1.5, $p = .006$, 95% CI, 1.1—2.0).

Conclusion: Identification of modifiable risk factors for chest surgical site and leg infections can serve as baseline data for healthcare workers to develop interventions that enhance positive outcomes post cardiac surgeries.

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Transmission and Control of MRSA Infection in Dermatology Indoor Patients

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Background and objectives: Methicillin resistant staphylococcus aureus (MRSA) is the most important multidrug resistant strain to have emerged globally in recent years. The objectives of the study were to quantify the MRSA outbreak in our dermatology ward, ascertain the demographical